

This form is to be filled out by "CREDO Staff Only".

Please use this form to assist you in gathering the necessary information for registration.

Page 2 is an explanation of the information required, please print this form and explanation.

## **RETREAT REGISTRATION FORM**

TYPE OF RETREAT \_\_\_\_\_ ① \_\_\_\_\_

(PGR, MER, FAM, RIC, WOM, MEN, CRII/III, TEEN, TEAM)

DATE OF RETREAT \_\_\_\_\_ ② \_\_\_\_\_

REGISTRATION CODE \_\_\_\_\_ ② \_\_\_\_\_

(OFFICE USE ONLY: NOIC? CODE+CURRENT DATE)

- **Have you ever attended a PGR before or any other type of Retreat?** YES OR NO  
(IF YES, WHEN) (MONTH/YEAR) \_\_\_\_\_ ③ \_\_\_\_\_

(APPLICANT) MALE/FEMALE

(MIL MEM) LAST NAME: \_\_\_\_\_ ④ \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SERVICE STATUS: ACTIVE DUTY/RESERVE/RETIRED/SPOUSE/FAMILY MEMBER/DOD

BRANCH OF SERVICE: NAVY/MARINE/COAST GUARD/AIR FORCE/ARMY

RATE/RANK: \_\_\_\_\_ AGE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

(SPOUSE) LAST NAME: \_\_\_\_\_ ⑤ \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SERVICE STATUS: ACTIVE DUTY/RESERVE/RETIRED/SPOUSE/FAMILY MEMBER/DOD

BRANCH OF SERVICE: NAVY/MARINE/COAST GUARD/AIR FORCE/ARMY

RATE/RANK: \_\_\_\_\_ AGE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

(\*NOTE: Spouse line used only in MER or FAMILY retreats.)

### **FOR FAMILY RETREAT ONLY**

(CHILDREN MUST BE IN THE 1<sup>ST</sup> GRADE OR 6YRS OLD)

NUMBER OF CHILDREN: \_\_\_\_\_

NAMES: \_\_\_\_\_ AGES: \_\_\_\_\_

\_\_\_\_\_ ⑩ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL # OF FAMILY MEMBERS: \_\_\_\_\_

COMMAND: \_\_\_\_\_

\_\_\_\_\_ ⑥ \_\_\_\_\_

COMMAND ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ⑥ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WORK PHONE #: \_\_\_\_\_

\_(\_\_\_\_\_)\_\_\_\_\_ ⑥ \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ⑦ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

\_(\_\_\_\_\_)\_\_\_\_\_ ⑦ \_\_\_\_\_

- **Have you (or any of your family members) been hospitalized recently?**  
YES or NO (If yes, state the name) NAME: \_\_\_\_\_ ⑧ \_\_\_\_\_
- **Are you (or any of your family members) under a doctor's continuous care?**  
YES or NO (If yes, state the name) NAME: \_\_\_\_\_ ⑧ \_\_\_\_\_
- **If "YES" to either question above, your form will be referred to a Chaplain for registration.**
- **Do you or any of your family members have any special religious or dietary needs?**  
YES or NO  
(If yes, what is needed and who needs it?) NAME: \_\_\_\_\_ ⑨ \_\_\_\_\_

**CREDO NORFOLK FAX**

**COMM (757) 445-6214 or DSN 564-6214**

## EXPLANATIONS

1. Type of Retreat. Write in the type of retreat that you wish to attend. The different types are listed in parentheses underneath. **\*NOTE \* You must be already be married to attend the MER.**
2. Date of retreat. Write the retreat date that you wish to attend. Leave the registration code BLANK.
3. If you have attended a PGR or attended the retreat you are registering for before circle YES and list the month and year you attended. You can only attend a PGR one time. You **can not** go to the same retreat if you have already attended the same one in the last six months. There should be a twelve to eighteen month interval before attending again. If you have not attended a retreat, circle NO and leave blank. **\*NOTE\* A PGR is required before attending any other retreat except the MER although it is highly recommended.**
4. APPLICANT. (MIL MEM) Circle either male or female. If you are a military member who is active duty, reserve or retired, fill in last name, first name, rate/rank (optional for retired), age, and email if applicable.
5. (SPOUSE) Same as #4 in all spaces if applicable.
6. COMMAND. The Name of your command e.g. USS Theodore Roosevelt CVN-71, SIMA Norfolk, COMNAVREG MIDLANT).  
COMMAND ADDR/RESS. The complete command address as if you were receiving a letter. This block applies to the military. Example: Name of Command  
Dept/Div or CODE/mail box #  
City/State or FPO/ZIP CODE  
  
WORK PHONE: This must be the phone number you can be reached at. Include an extension if applicable.
7. HOME ADDRESS. Insert your complete LOCAL home address. This will allow a welcome letter and instructions to be mailed to you. If you live aboard ship and your address is the same as your work address in block 6, then write "Lives onboard". Also include your home phone number with the area code.
8. This box applies to anyone listed on the form who is going on the retreat. Major surgery and other medical conditions that require recovery in a hospital will meet this condition. Outpatient care should not be considered here.
9. This box applies to anyone listed who must have continuous care and may prevent the person from participating in the retreat. One or two time follow up at several week intervals should not be considered here unless it is a medical condition that require medical staff be on call immediately.
10. List the numerical amount of children attending. Then list the full name of the child(ren) and their respective age on the lines provided. At the bottom list the numerical amount of family members that will attend. This includes the parents and children.